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Fig. 1

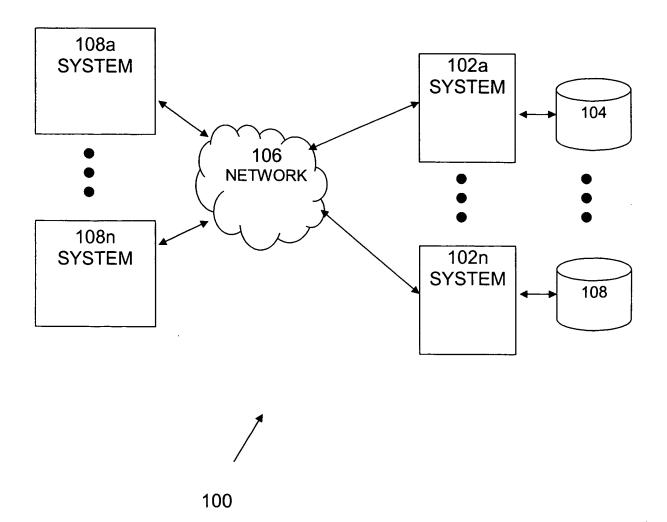


Fig. 2

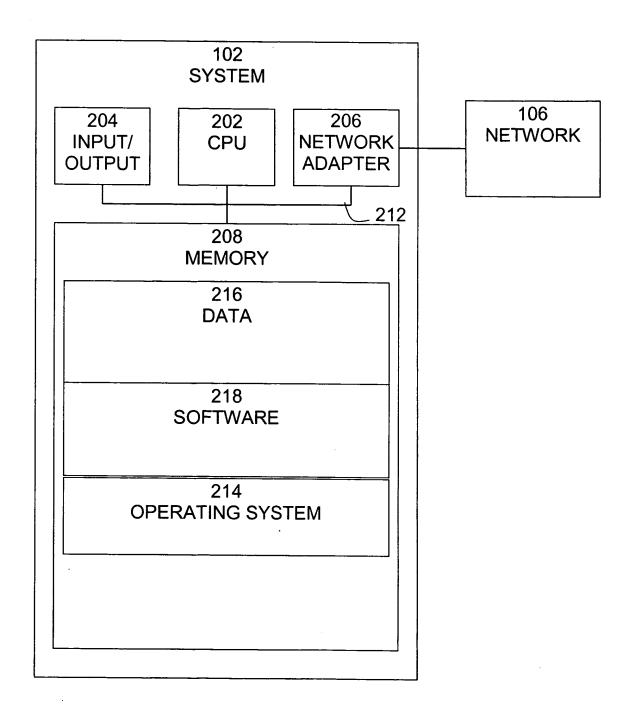


Fig. 3

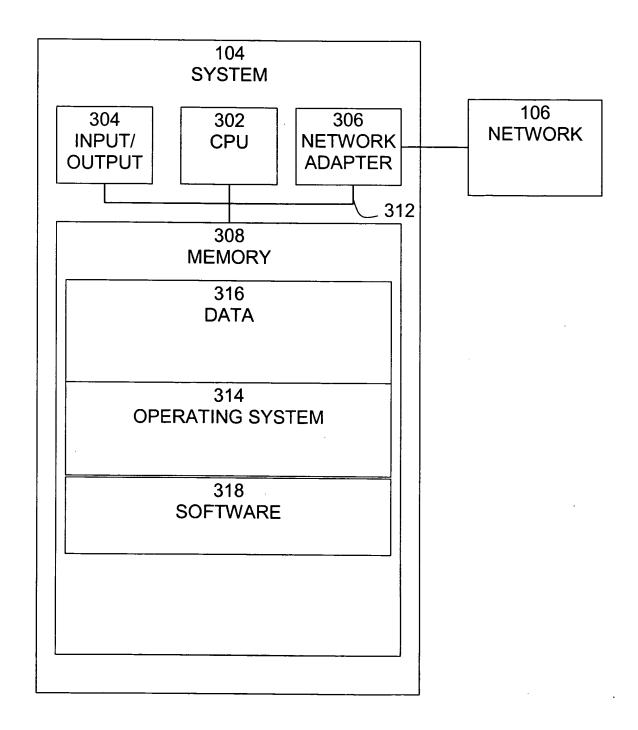
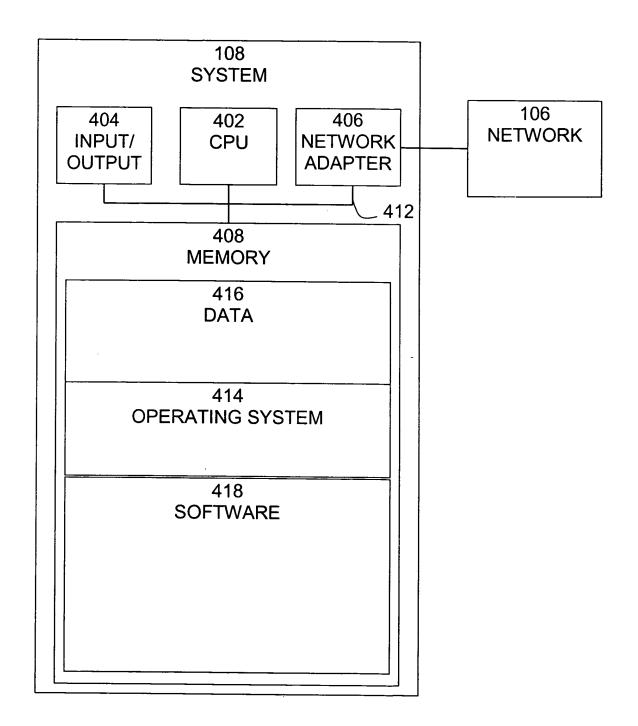


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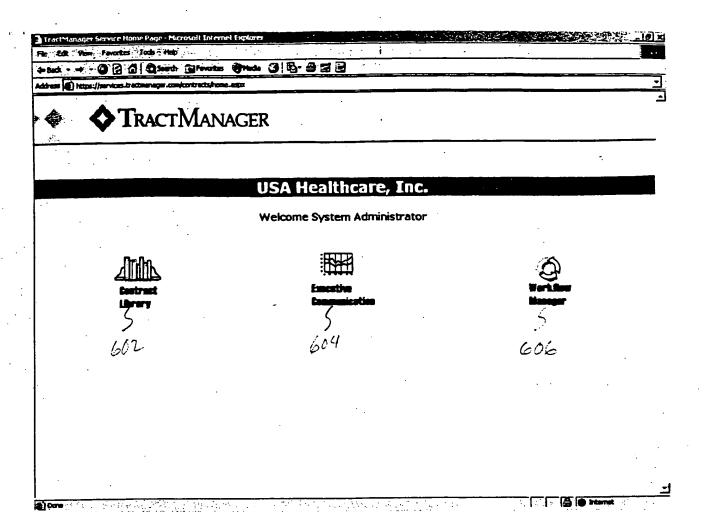
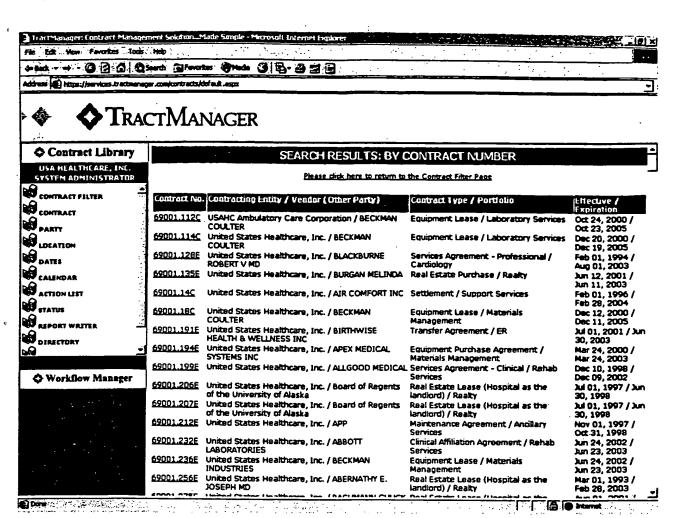


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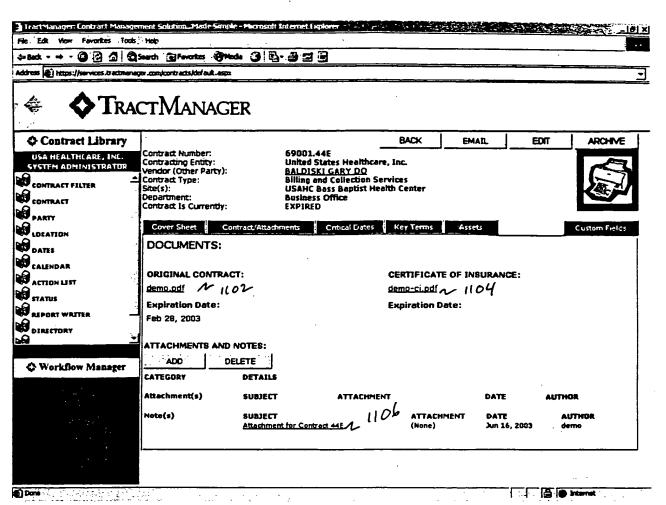
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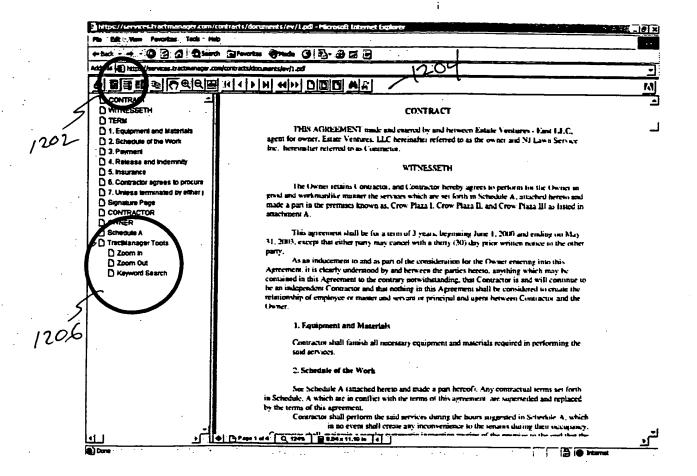
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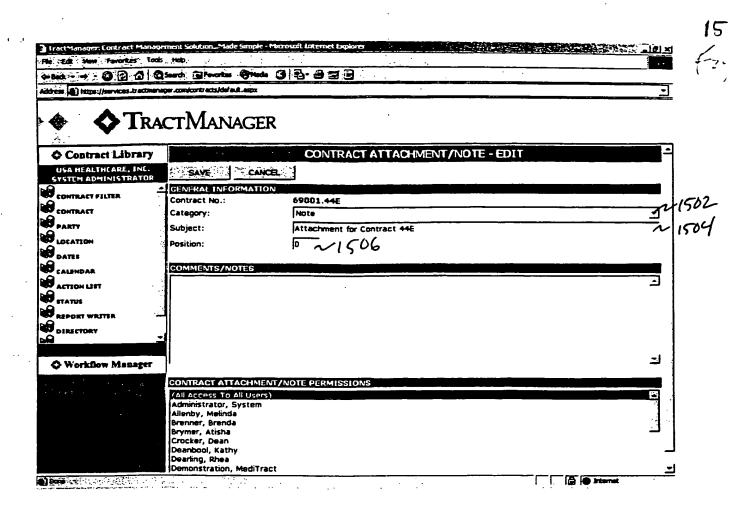


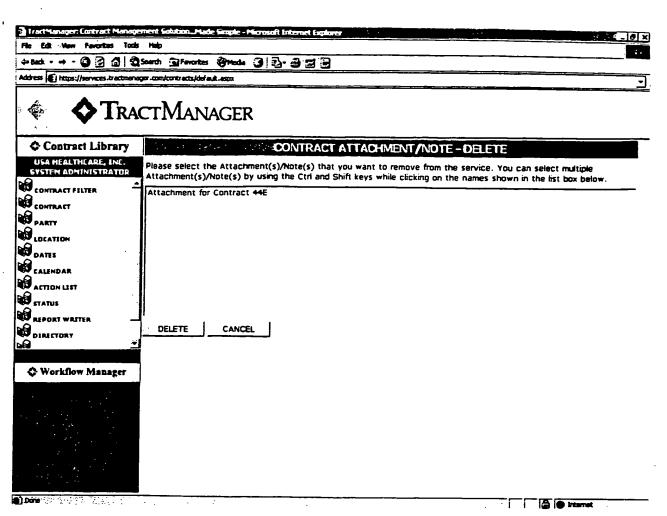


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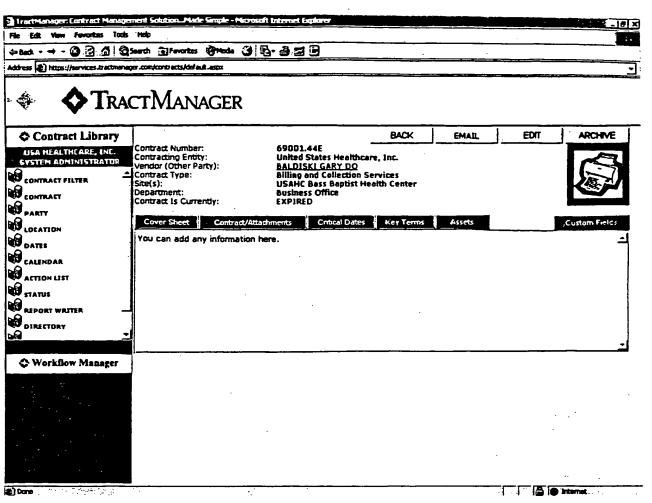


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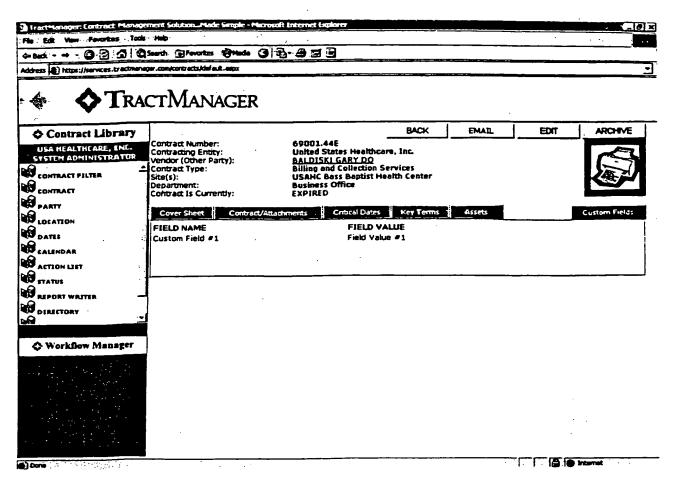


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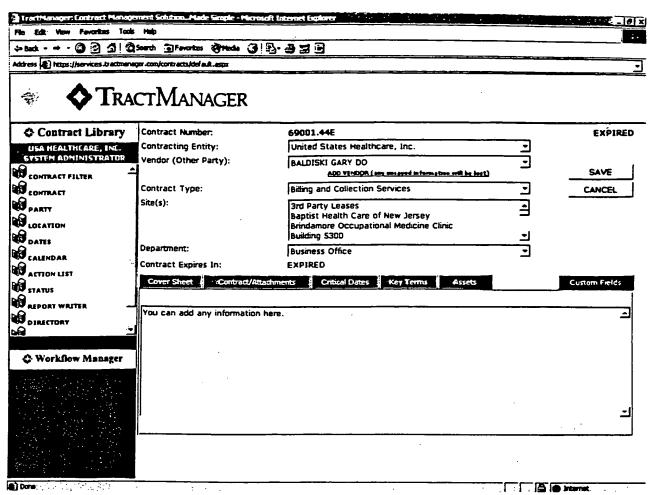
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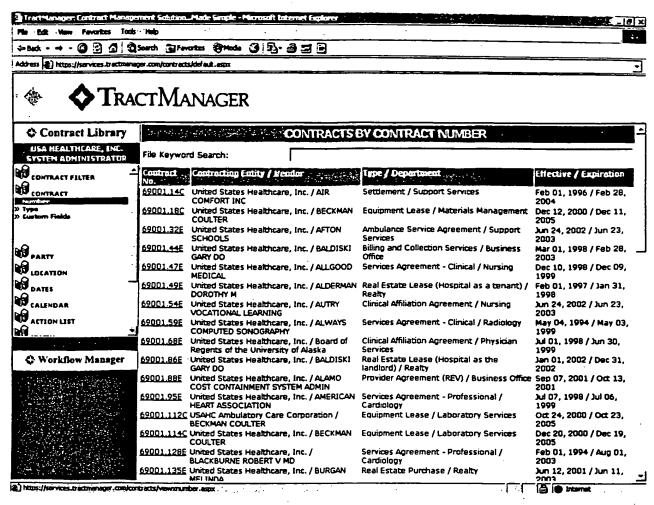
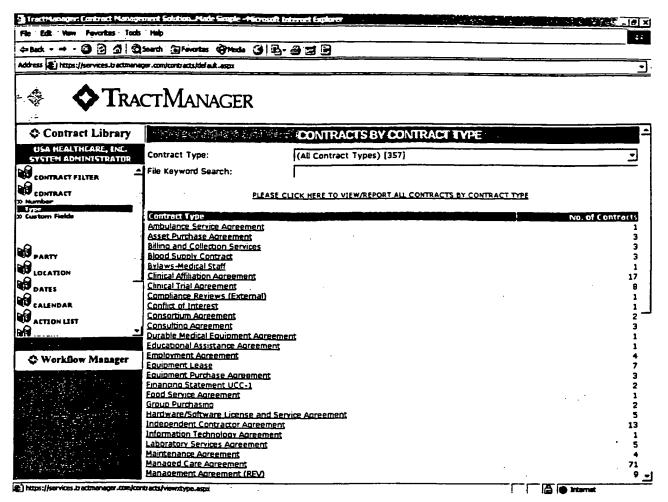


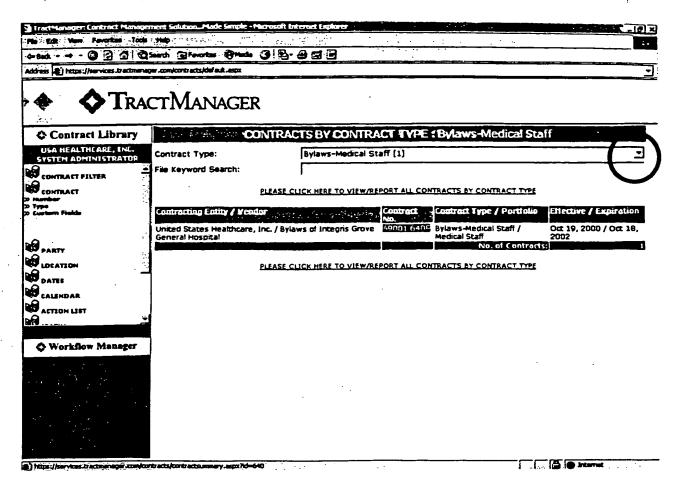
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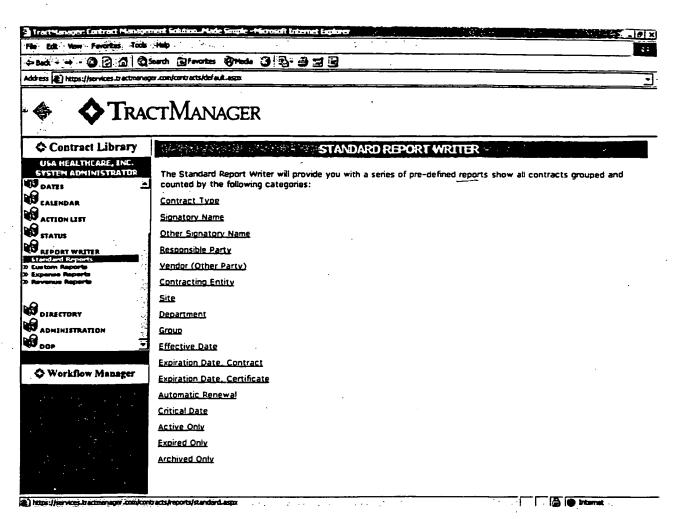
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D Expense Reports D Revenue Reports	S.	- Select A Column Name -			•
	COLUMN S	ORTING ORDER		74 C. C.	
DIRECTORY	1.	- Use Report Column Order			▼ ASC ▼
ADMINISTRATION	2.	Use Report Column Order			→ ASC →
№ 000 <u>-</u>	3.	- Use Report Column Order -			<u> </u>
	4.				
♦ Workflow Manager	5.				
	CONTRACT	INFORMATION FILTERS			
	1.	Column:	Operator:	Value:	
美数是数学的	2.	Column:	Operator:	Value:	•
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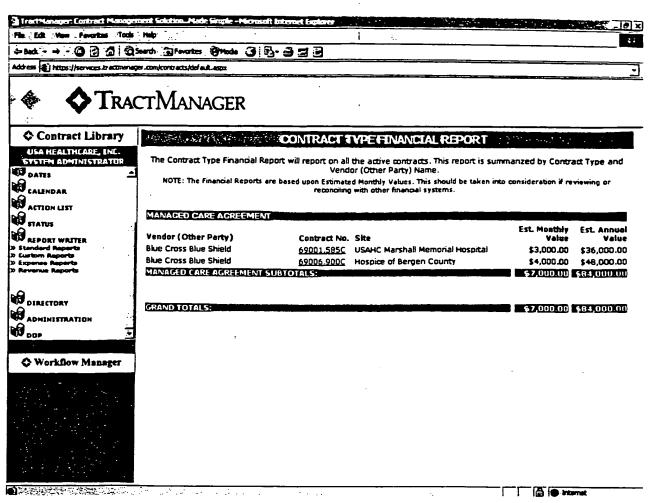
Fig 33.

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♦ ♦ Trace	ctManager		
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AISA HEALTHCARE, INC.			
SYSTEM ADMINISTRATUR	FINANCIAL REPORTS		CONTRACT REPORTS
DATES	1.) Please select which financial re	•	The following will report all contracts grouped by the following categories:
CALENDAR	Contract Type	Contracting Entity	
ACTION LIST	Responsible Party	C Department	Contract Type Signatory Rame
STATUS	Vendor (Other Party)	C Site	Other Signatory Rame Responsible Party
₽	2.) Please select which elements s	should be written:	Vendor (Other Party) Contracting Entity
» Standard Reports	Ambulance Service Agreement		Site Department
» Custom Reports Expense Reports	Asset Purchase Agreement Billing and Collection Services		Group
» Revenue Reports	Blood Supply Contract		Effective Date Expiration Date, Contract
	Bylaws-Medical Staff Clinical Affiliation Agreement		Expiration Date, Carthicate Automatic Renewal
DIRECTORY	Clinical Trial Agreement		Critical Data
- Ω		SELECT ALL RU	Expired Only
ADMINISTRATION		PEPOPT OPTIONS	Archived Only
DOP -	Report Layout:	Report Format:	
	© Detail Report	○ View - Same Window	
Workflow Manager	C Summery Report	C Printer Friendly - New Window	
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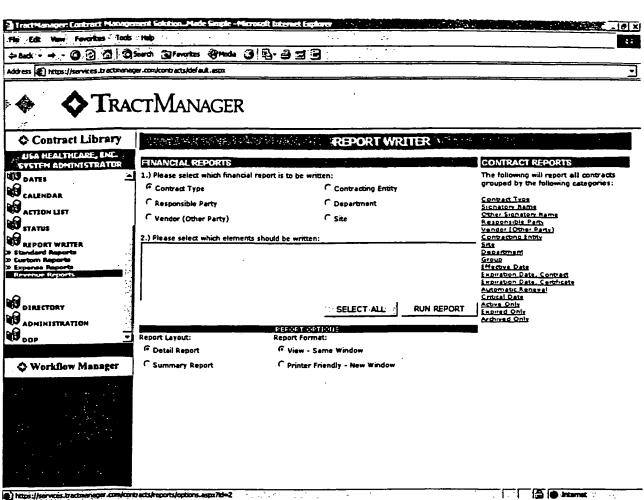
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Fig 35



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Fig. 34

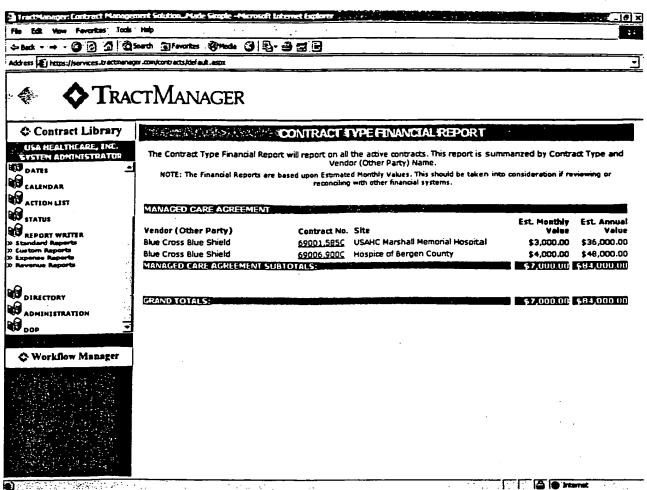


Fig. 32

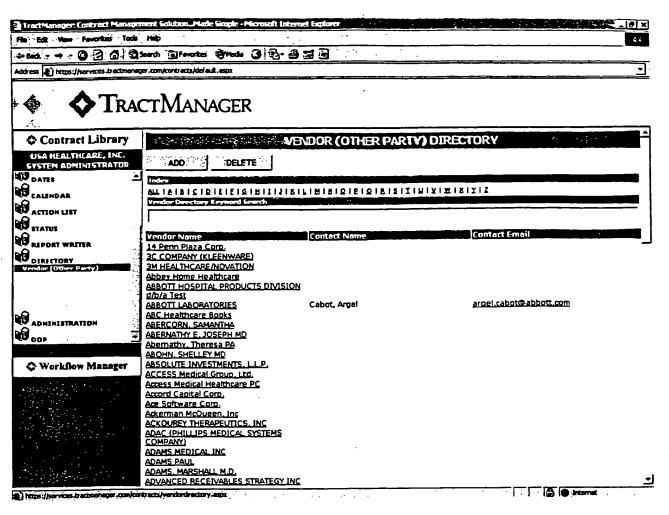


Fig. 38

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D DATES	GENERAL INFORMATI	ON		
CALENDAR	Vendor Name:	ABBOTT LABORATORIES		
ACTION LIST				
<u>.</u> Ω	CONTACT INFORMATI			
.a	Contact Name:	Cabat, Argel	Reference No.:	123456
REPORT WRITER			Email:	argel.cabot@abbott.com
DIRECTORY Vendor (Other Party)	Address:	1245 Loughter Lane	Phone:	(126) 345-2467
Vener (Uois Party)	Augress.	Suite 204	Fax:	(126) 234-2345
	City:	Memphis	Mobile:	(126) 347-2829
:	State:	TN	Pager:	(234) 957-3882
ADHINISTRATION .	Zip:	34567		
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	Secondary Contact		9/29/2003 9:02:00 AM	demo
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TRAC	CTMANAGER		
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USA HEALTHCARE, ENC. CYSTEM ADMINISTRATUR DATES CALENDAR ACTION LIST STATUS REPORT WRITER DIRECTORY ADMINISTRATION Chamber Destrood Nester List Second log Event Log DOP	Name: Description: New Password: Confirm New Password:	DEMO - System Administrator Account DEMO CANCEL	
♦ Workflow Manager			

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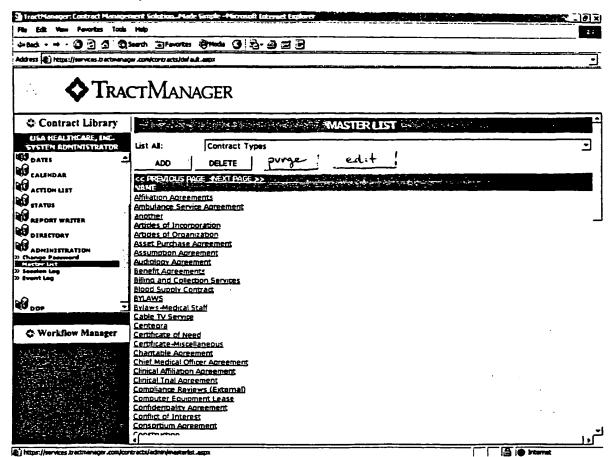


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<u> </u>	
Subject: . TractNanager CE-Mel Alert: Expreton Notices for Apr 8, 2003	
From: postmasterêtractmanager.com [mailto:postmasterêtractmanager.com]	
Sent: Tuesday, April 00, 2003 1:01 AE	
To: jqreader@tractmmnager.com	
Subject: TractHanager CE-Bail Alert: Expiration Notices for Apr 8, 2003	
Good Borning John Reader,	
You are shown as being a responsible party for the following list of	
contracts. The contracts are set to expire in the specified number of days:	
Contract Number: 99600.495C	
Contracting Entity: Baptist Bemorial Health Care - Corporate	
Vendor (Other Party): Boover, Jeffery B.D.	
Original Date: Aug 7, 2002	
Expiration Date: Aug 6, 2003	
Expires In 120 Days	
Responsible Party, Primary: John Reader	
Responsible Party, Secondary: John Public	
Please click on the following hyperlink to view the Contract Summary Page:	
https://contracts.tractmenager.com/TractHanager\Baptist+Remorial+Mealth+Care	
+++Corporate\contract.nsf/CONTRACT+NUMBER/C387EE27C354DE2186256CBA006725B970	
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Fig. 41

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A 4100 Fig. 42



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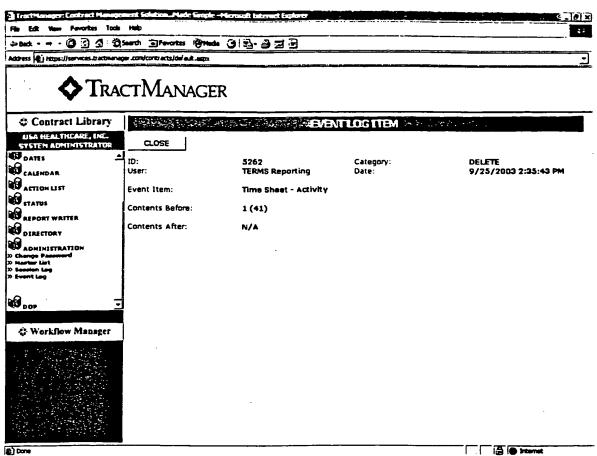
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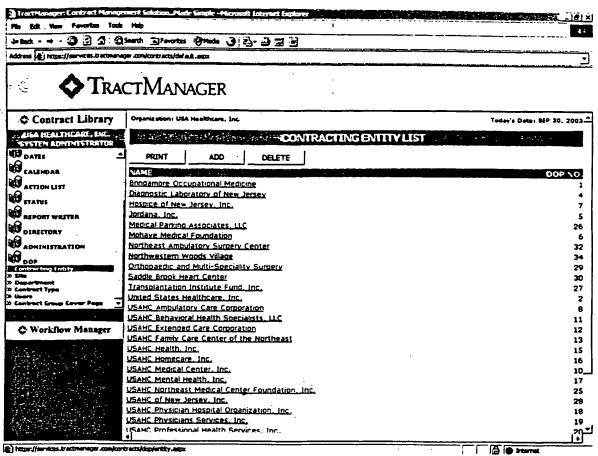
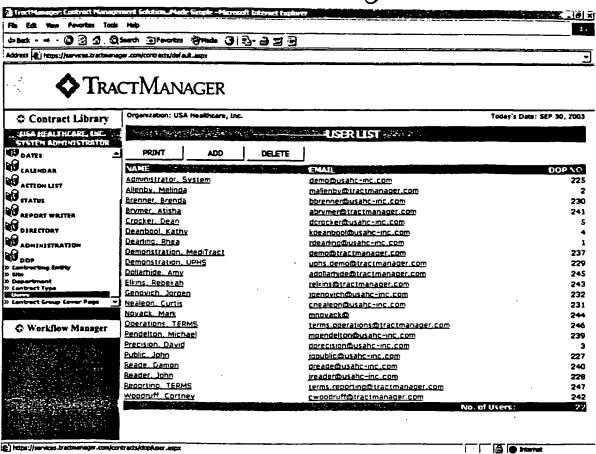
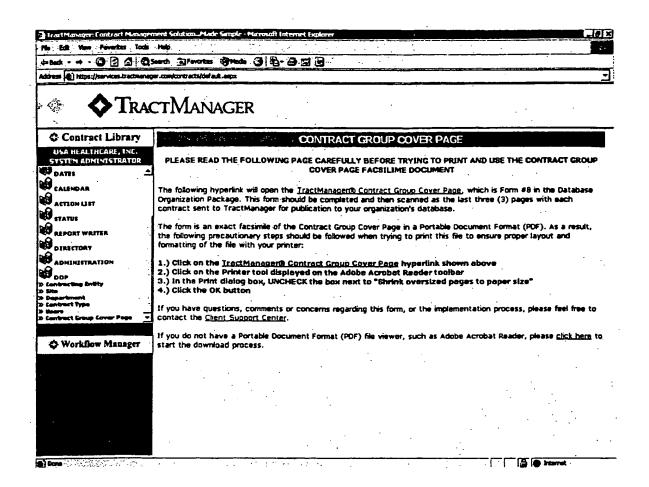


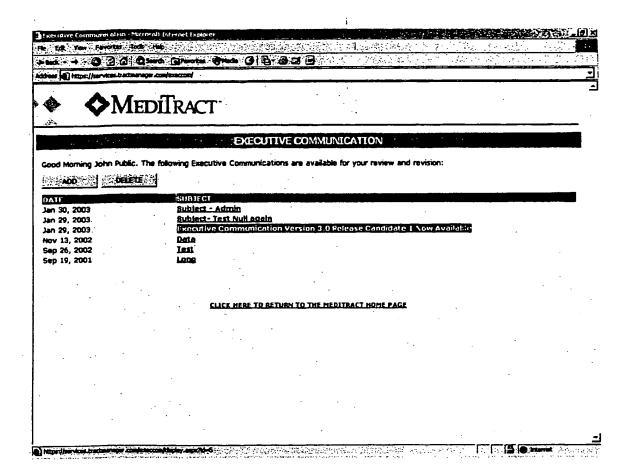
Fig. 47

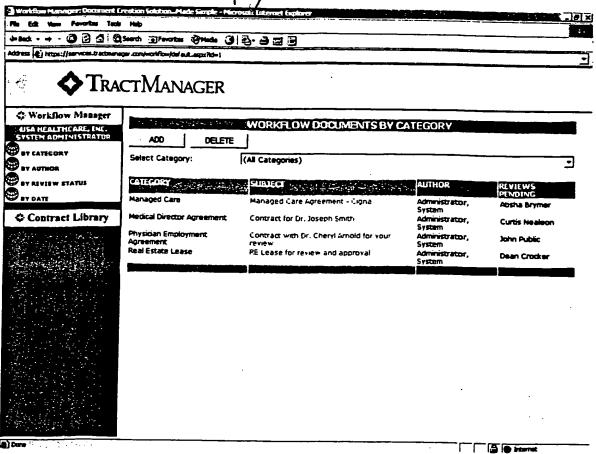


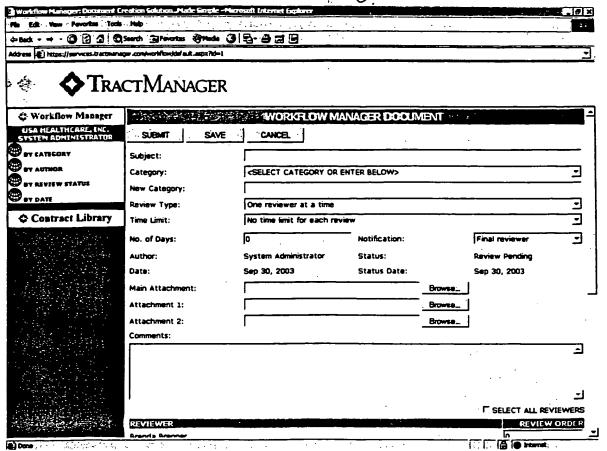
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SYSTEM ADMINISTRATOR	******	INFORMATION	<u> </u>		· ·			
D DATES -	DOP No.:	225			Login:	demo		
a	PIN:				SSN:		•	
ACTION LIST	Name:	Administrator,	8ystem	•	Email:	demo@usaho	-mc.com	
STATUS	CONTACT	NFORMATION						
REPORT WRITER	Address:	Park 80 West,	Pieze II		Phone:	(201) 556-92		
DIRECTORY	1	Fourth Floor			Fax: Mobile:	(201) 556-92 (717) 571-23		
ADHINISTRATION	City: State:	Saddle Brook NJ		•	MODIE:	(/1/)5/1-2	,,,	
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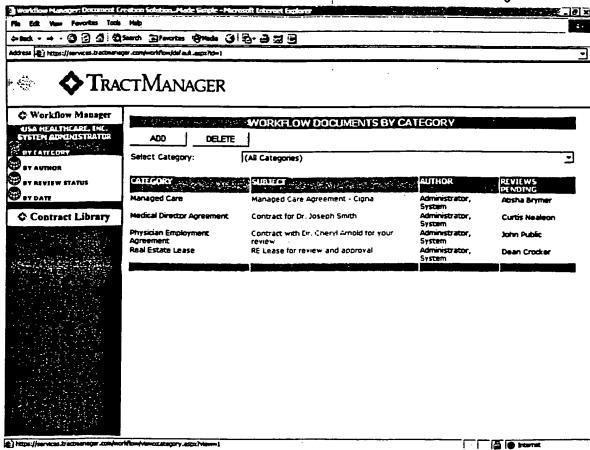




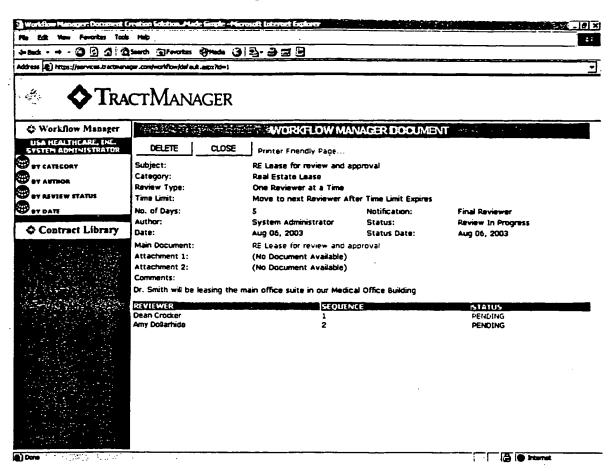




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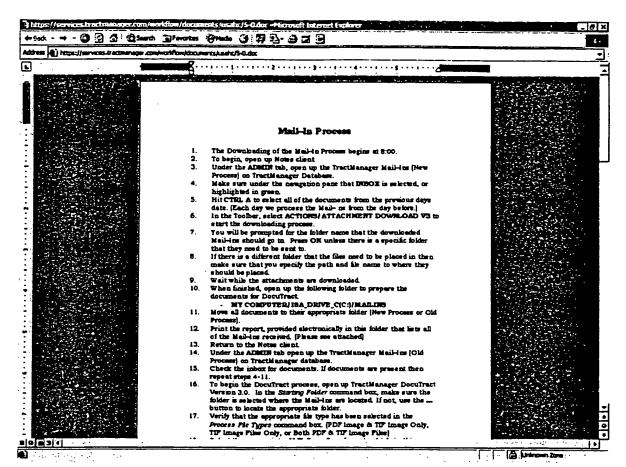






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	Author:	2,210 1.0	tatus:	Review In Progress	
	Date:	7	itatus Date:	Sep 11, 2003	
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Fig. 57